

4670

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Pima</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>117</u>	
District of <u>Highway 100</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>419</u>	
Town of <u>Hayden</u>		Local Registrar's No. <u>1</u>	
or	(No. <u> </u> St. <u> </u> Ward)		
City of <u>Hayden</u>			
FULL NAME OF CHILD <u>Kazuo Matsumoto</u>		Born <u>YES</u>	Alive <u>NO</u>
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child <u>m</u>	Twin, Triplet or other <u>✓</u>	and	Number in order of birth <u>1/5</u>
			Legitimate <u>✓</u>
			Date of Birth <u>Sept 8th</u> 191 <u>7</u>
			(Month) (Day) (Yr)
FATHER		MOTHER	
Full Name <u>Junichi Matsumoto</u>	Full Maiden Name <u>Umeko Sasaki</u>		
Residence <u>Hayden</u>	Residence <u>Hayden</u>		
Color or Race <u>Jap</u>	Color or Race <u>Jap</u>	Age at last Birthday <u>30</u>	Age at last Birthday <u>23</u>
		(Years)	(Years)
Birthplace <u>Japan</u>	Birthplace <u>Japan</u>		
Occupation <u>Porter</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>	
		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Sept 8th</u> 191 <u>7</u> , at <u>Hayden</u> , M.			
When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>Charles H. Gowan</u>	(Attending physician, midwife, householder)
Given or christian name added from a supplemental report <u> </u> 191 <u> </u>		Address <u>Hayden</u>	
246-908-429		LOCAL REGISTRAR. <u>H. B. Burt</u>	
COUNTY REGISTRAR.	Filed <u>Sept 30</u> 191 <u>7</u>	A True Copy <u>18.9 Jay</u>	COUNTY REGISTRAR.
	Filed <u>Oct 5</u> 191 <u>7</u>		